

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson

Township Maple

City Lee's Summit

(No. Residence)

Registration District No. 400

Primary Registration District No. 5553B

File No. 25018

Registered No. 155

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. Lee's Summit

(Usual place of abode)

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. — ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas H. Roy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19-1867

7. AGE

YEARS 67

MONTHS —

DAYS 13

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawfordsville Ind.

MOTHER FATHER

13. NAME Alfred French

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mollie Royalty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Amy Roles

(ADDRESS) Lee's Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Funeral Home

DATE 7-24-34

19. UNDERTAKER Field's Funeral Co.

(ADDRESS) Lee's Summit Mo.

20. FILED 7-23-34

William J. Fields
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22-1934

22. I HEREBY CERTIFY That I attended deceased from July 22, 1934, to July 22, 1934.
I last saw her alive on July 22, 1934. Death is said to have occurred on the day stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset July 22, 34

Heat stroke
191
820
191
305

Other contributory causes of importance:

Paralysis
several yrs.

Name of operation none Date of _____

What test confirmed diagnosis? Physician Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. G. Swanney, M. D.

(Address) Lee's Summit Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

48
AUG 20 1934

